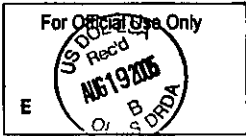


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9956	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Michael Conroy P O Box Bldg Room No if any Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788-5150	4 Name file number and address of labor organization Name Empire State Regional Council of Carpenters Labor Organization File Number 038-392 P O Box Building and Room Number if any Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788-5150
5 Position in labor organization Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Industry Fund for Wall-Ceiling & Carpentry Trade Name if any P O Box Bldg Room No if any Suite 301 Street 125 Jericho Turnpike City Jericho State New York ZIP Code + 4 11753	7 a Nature of Interest, Transaction or Income Meals in the ordinary course of business relating to merger of benefit funds project labor agreement charitable causes, Funds educational conference and ways and means to advance the industry 7 b Amount \$248

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed Michael Conroy	On 8-14-05 631-874-2854 Date Telephone Number

Name of Person Filing Michael Conroy	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Schultheis & Panettieri, LLP
Trade Name if any
P O Box Bldg Room No if any
Street 210 Marcus Boulevard
City Hauppauge
State New York ZIP Code + 4 11788-3701

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

Schultheis & Panettieri, LLP provides accounting services to the Empire State Regional Council of Carpenters

11 b Approximate dollar value of such dealing

\$50,000

12 a Nature of interest held or income received

Meal in the ordinary course of business to discuss litigation on July 1 2004

12 b Amount

\$91

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Oppenheimer Funds, Inc
Trade Name if any
P O Box Bldg Room No if any
Street 225 Liberty Street
City New York
State New York ZIP Code + 4 10281

14 a Nature of payment

Meal relating to investment management services

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$93

Name of Person Filing Michael Conroy

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Benefit Fund educational conference from 5/21/04 through 5/25/04 Costs include registration fee travel, lodging and meals

12 b Amount

\$3 740

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Benefit Fund educational conference from 11/27/04 through 12/1/04 Costs include registration fee, travel lodging and meals

12 b Amount

\$3,092

Name of Person Filing Michael Conroy

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Empire State Carpenters Fringe Benefit Funds

Trade Name if any

P O Box Bldg Room No if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

International Foundation of Employee Benefit Plans membership dues paid on 11/1/04

12 b Amount

\$30

Name of Person Filing Michael Conroy	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Empire State Carpenters Fringe Benefit Funds</p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street 270 Motor Parkway</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788-5150</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11 a Nature of such dealing</p> <p>Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members</p>
	<p>11 b Approximate dollar value of such dealing <input type="text"/></p>
	<p>12 a Nature of interest held or income received</p> <p>Attended trustee meetings for the Fringe Benefit Funds Dates of expenditures were 4/9/04 and 7/21/04 Costs include travel and lodging</p>
	<p>12 b Amount <input type="text"/> \$487</p>